



1019004-001

United States
Department of
Agriculture

Animal and
Plant Health
Inspection
Service

Policy and Program
Development

Environmental
Services, Unit 149
4700 River Road
Riverdale, MD
20737

ENQL 7-1 CY07
PERMANENT
Retire 10/12

October 17, 2007

Document Processing Desk [6(a)(2)]
Office of Pesticide Programs (7504P)
U.S. Environmental Protection Agency
Ariel Rios Building
1200 Pennsylvania Avenue, N.W.
Washington, DC 20460-0001

ATTN: Norman Spurling (7502P)

SUBJECT: **FIFRA, Section 6(a)(2) report: single adverse effect
incident dated June 18, 2007 for the reporting
period ending October 30, 2007**

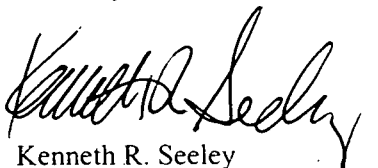
The Animal and Plant Health Inspection Service (APHIS) remains under injunction from the United States District Court for the Western District of Texas from releasing any private information through which the identity of anyone doing business with Wildlife Services can be determined. Given this limitation, APHIS is submitting an adverse effects incident report in an effort to comply with the reporting requirements of section 6(a)(2) of the Federal Insecticide, Fungicide and Rodenticide Act. This report is for the following pesticide product for the reporting period ending October 30, 2007.

EPA Reg. No. 56228-15M-44 Cyanide Capsules
Active Ingredient: CAS No. 143-33-9
Sodium Cyanide

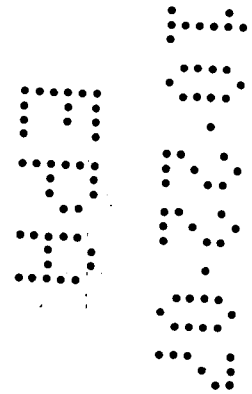
<u>Incident Category</u>	<u>No. of Incidents</u>
D-A	1

Please direct any questions pertaining to this adverse incident report to Elizabeth Nelson at (301) 734-4834 or e-mail elizabeth.e.nelson@usda.gov.

Sincerely,


Kenneth R. Seeley
Chief, Environmental Services

Enclosure



Safeguarding American Agriculture
APHIS is an agency of USDA's Marketing and Regulatory Programs
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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New	Date of last submission <input type="checkbox"/> Update		

EMPLOYEE NAME (To contact for additional information)	TELEPHONE NUMBER	CONTACT NAME (If Non-APHIS)	TELEPHONE NUMBER
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DUTY STATION ADDRESS	ADDRESS
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INCIDENT LOCATION			SOURCE OF INFORMATION
CITY	STATE	COUNTY	

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

<p><i>PULLED A M-44 UNIT</i></p> <p>INCIDENT SITE (examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway))</p> <p><i>PASTURE</i></p>	<p>SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: (examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation)</p>
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EPA REGISTRATION NUMBER	PRODUCT NAME	ACTIVE INGREDIENT
<i>56228-15</i>	<i>SODIUM CYANIDE</i>	<i>SODIUM CYANIDE</i>
<p>WAS THE PRODUCT</p> <p><input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted</p>	<p>WHAT WAS THE DILUTION RATIO (If applicable)</p> <p><i>91% SODIUM CYANIDE</i> <i>9% INERT</i></p>	<p>WERE THE LABEL DIRECTIONS FOLLOWED</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

WAS THE APPLICATOR CERTIFIED (If applicable)

☒ Yes ☐ No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

DOMESTIC DOG STRAYED FROM HEADQUARTER
AND PULLED A M-44 UNIT. OWNER WAS AWARE
OF M-44 PLACEMENT. DOG HAD A COLLAR.

NAME OF PREPARER	SIGNATURE	TELEPHONE NUMBER	DATE
NAME OF SUPERVISOR	SIGNATURE	TELEPHONE NUMBER	DATE

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM

ES USE ONLY

REPORT NUMBER

"X" ONE

☐ Amphibian ☐ Fish ☐ Bird ☒ Mammal ☐ Invertebrate ☐ Reptile ☐ Plant

"X" ONE

☒ Domestic ☐ Wild

NUMBER OR ACRES AFFECTED

SPECIES COMMON NAME

~~GREAT PYRENEES~~ DOG

BREED (if known)

GREAT PYRENEES

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

DOG PULLED AM-44 UNIT CONTAINING SODIUM
CYANIDE AND DIED.

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

N/A

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

N/A

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)

N/A

WAS PREBATING USED ON THE SITE (Describe)

☐ Yes ☐ No

N/A

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

OPEN PASTURE

ADDITIONAL FACTORS

N/A

NAME OF PREPARER

SIGNATURE

DATE

NAME OF SUPERVISOR

SIGNATURE

DATE

6.19.07
6/20/07